

Alabama

Space Reserved for Insurance
Department Use

Date 12/17/2010

WORKERS COMPENSATION
INSURER RATE FILING
ADOPTION OF
(NCCI AL-2020-3)
LOSS COSTS
REFERENCE FILING ADOPTION FORM

1. INSURER NAME

Hartford Fire Insurance Company

ADDRESS One Hartford Plaza

Hartford, CT 06155

PERSON RESPONSIBLE FOR FILING Anne Bilodeau

TITLE Pricing Consultant

TELEPHONE # 860 547 6783

2. INSURER NAIC # 19682

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AL-2010-3

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and Expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-2.4%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-2.3%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
C. PROPOSED LOSS COST MULTIPLIER	<u>1.472</u>	EFFECTIVE DATE	<u>3/1/2011</u>
7. PRIOR RATE LEVEL CHANGE	<u>-4.0</u> %	EFFECTIVE DATE	<u>3/1/2010</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM."

(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

☒ The insurer hereby files to have its loss cost multipliers and expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

☐ The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to the above (_____) Reference Filing.

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(NCCI AL-2020-3)
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1. INSURER NAME

Hartford Accident and Indemnity Company

ADDRESS One Hartford Plaza

Hartford, CT 06155

PERSON RESPONSIBLE FOR FILING Anne Bilodeau

TITLE Pricing Consultant

TELEPHONE # 860 547 6783

2. INSURER NAIC # 22357

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AL-2010-3

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and Expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-2.4%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-2.3%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
C. PROPOSED LOSS COST MULTIPLIER	<u>1.39</u>	EFFECTIVE DATE	<u>3/1/2011</u>

7. PRIOR RATE LEVEL CHANGE -4.0 % EFFECTIVE DATE 3/1/2010

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM."

(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

☒ The insurer hereby files to have its loss cost multipliers and expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

☐ The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to the above (_____) Reference Filing.

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1. INSURER NAME

Hartford Casualty Insurance Company

ADDRESS One Hartford Plaza

Hartford, CT 06155

PERSON RESPONSIBLE FOR FILING Anne Bilodeau

TITLE Pricing Consultant

TELEPHONE # 860 547 6783

2. INSURER NAIC # 29424

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AL-2010-3

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and Expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>2.5%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-2.4%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
C. PROPOSED LOSS COST MULTIPLIER	<u>1.226</u>	EFFECTIVE DATE	<u>3/1/2011</u>
7. PRIOR RATE LEVEL CHANGE	<u>-4.0</u> %	EFFECTIVE DATE	<u>3/1/2010</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM."

(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

☒ The insurer hereby files to have its loss cost multipliers and expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

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1. INSURER NAME

Hartford Underwriters Insurance Company

ADDRESS One Hartford Plaza

Hartford, CT 06155

PERSON RESPONSIBLE FOR FILING Anne Bilodeau

TITLE Pricing Consultant

TELEPHONE # 860 547 6783

2. INSURER NAIC # 30104

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AL-2010-3

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and Expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-2.4%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-2.3%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
C. PROPOSED LOSS COST MULTIPLIER	<u>1.799</u>	EFFECTIVE DATE	<u>3/1/2011</u>
7. PRIOR RATE LEVEL CHANGE	<u>-4.0</u> %	EFFECTIVE DATE	<u>3/1/2010</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM."

(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

☒ The insurer hereby files to have its loss cost multipliers and expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

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1. INSURER NAME

Hartford Insurance Company of the Midwest

ADDRESS One Hartford Plaza

Hartford, CT 06155

PERSON RESPONSIBLE FOR FILING Anne Bilodeau

TITLE Pricing Consultant

TELEPHONE # 860 547 6783

2. INSURER NAIC # 37478

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AL-2010-3

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and Expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>2.5%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-2.4%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
C. PROPOSED LOSS COST MULTIPLIER	<u>1.308</u>	EFFECTIVE DATE	<u>3/1/2011</u>

7. PRIOR RATE LEVEL CHANGE -4.0 % EFFECTIVE DATE 3/1/2010

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM."

(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

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☐ The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to the above (_____) Reference Filing.

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1. INSURER NAME

Twin City Fire Insurance Company

ADDRESS One Hartford Plaza

Hartford, CT 06155

PERSON RESPONSIBLE FOR FILING Anne Bilodeau

TITLE Pricing Consultant

TELEPHONE # 860 547 6783

2. INSURER NAIC # 29459

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AL-2010-3

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and Expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-2.4%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-0.7%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
C. PROPOSED LOSS COST MULTIPLIER	<u>1.635</u>	EFFECTIVE DATE	<u>3/1/2011</u>

7. PRIOR RATE LEVEL CHANGE -4.0 % EFFECTIVE DATE 3/1/2010

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM."

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1. INSURER NAME

Property and Casualty Insurance Company of Hartford

ADDRESS One Hartford Plaza

Hartford, CT 06155

PERSON RESPONSIBLE FOR FILING Anne Bilodeau

TITLE Pricing Consultant

TELEPHONE # 860 547 6783

2. INSURER NAIC # 24690

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AL-2010-3

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and Expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-2.4%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-2.3%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
C. PROPOSED LOSS COST MULTIPLIER	<u>1.717</u>	EFFECTIVE DATE	<u>3/1/2011</u>
7. PRIOR RATE LEVEL CHANGE	<u>-4.0</u> %	EFFECTIVE DATE	<u>3/1/2010</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM."

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9. CHECK ONE OF THE FOLLOWING:

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☐ The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to the above (_____) Reference Filing.

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(NCCI AL-2020-3)
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1. INSURER NAME

Trumbull Insurance Company

ADDRESS One Hartford Plaza

Hartford, CT 06155

PERSON RESPONSIBLE FOR FILING Anne Bilodeau

TITLE Pricing Consultant

TELEPHONE # 860 547 6783

2. INSURER NAIC # 27120

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AL-2010-3

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and Expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-2.4%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-2.3%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
C. PROPOSED LOSS COST MULTIPLIER	<u>0.981</u>	EFFECTIVE DATE	<u>3/1/2011</u>

7. PRIOR RATE LEVEL CHANGE -4.0 % EFFECTIVE DATE 3/1/2010

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM."

(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

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WORKERS COMPENSATION
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1. INSURER NAME

Sentinel Insurance Company, LTD

ADDRESS One Hartford Plaza

Hartford, CT 06155

PERSON RESPONSIBLE FOR FILING Anne Bilodeau

TITLE Pricing Consultant

TELEPHONE # 860 547 6783

2. INSURER NAIC # 11000

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # AL-2010-3

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and Expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>2.4%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-2.3%</u>	EFFECTIVE DATE	<u>3/1/2011</u>
C. PROPOSED LOSS COST MULTIPLIER	<u>1.145</u>	EFFECTIVE DATE	<u>3/1/2011</u>

7. PRIOR RATE LEVEL CHANGE -4.0 % EFFECTIVE DATE 3/1/2010

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM."

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